CBT CAM SCANNER

1. What actions does a nurse take if they are unable to give a prescribed drug as it is not available in the ward stock? Choose the correct answer

a. Record the reason for the admission on the prescription, inform the prescribe are and the senior nurse
b. Ring the doctor and inform them that the medication has not been given as they prescribed the drug
c. Inform the pharmacies to get the medication has not been given as they prescribe drugs
d. Refer the issue to the senior nurse in charge as they are responsible for management of the acute unit.

2. What do early or initial symptoms Alzheimer's disease include

a. Aggression
b. Pacing or wandering
c. Lapses in memory
d. Incontinence

3. A unit supports nursing students. How does a registered nurse and sure that the students are competent to carry out tasks that are delegated to them

a. Ask the students to keep written record of their practice
b. Ensure that all students read the policies and procedures manuals
c. Ensure practice assessor collect evidence from supervisors, students and service users to assess proficiency
d. Ensure that each student has an assessor and practice supervisor

4. When a patient is discharged from an acute setting, how is the General practitioner informed of their inpatient care

a. A Discharge summary is Sent
b. The General practitioner will phone the hospital to retrieve the information when required
c. The patient is required to make an appointment and brief the doctor
d. A Copy of all inpatient notes are sent

5. Nurses working with a patient who says they are drinking excessive amounts of alcohol. How does the nurse respond to prevent ill health in this patient?

a. Offer education on the effects of alcohol on the body
b. Offer education on the risk of having an accident after drinking alcohol
c. Offer advice on saving money by cutting down on alcohol
d. Offer information about the alcohol rehabilitation unit

6. A nurse finds a patient in a hospital setting who is having a tonic clonic seizure. What are their first actions?

a. Administer sedative medication, Oxygen 15 litre and complete a full A-E assessment
b. Call for help, ensure safe positioning, apply 15 litre of oxygen
c. Attach to monitoring, call for help, inform the family
d. Give the patient something to bite on, call for help and attach to monitoring

7.**When undertaking phlebotomy, which of the following veins is most commonly used**

a. Cephalic Vein

b. Popliteal vein
c. Jugular vein
d. Femoral vein

8. What does "standard precautions" means caring for patients?

a. High level precautions which include all disposable bedding's and utensils for all health care staff
b. Basic infection prevention and control measures which includes hand hygiene and safe disposal of all waste by all staff at all times
c. Taking precautions when handling blood and high risk body fluids for relevant medical personnel
d. Selective precautions which involves safe disposal of clinical ways for all persons involved in the care process

9. A nurse is taking a client with learning disability for a hearing test. How does the nurse help the client understand the information leaflet that is provided

a. Use pictures and easy read materials
b. Explain the procedure to their relatives
c. Give them time to read the leaflet
d. Read the leaflet to the client in a loud Voice

10. An elderly frail patient is due to be discharged home. The patient says that they live alone but their notes say they live with family. They are not able to manage alone. What action does the nurse take?

a. Nothing as the patient will probably be alright
b. Check the details on file and discuss a home care package
c. Get the patients address and plan a visit to see them
d. Tell them it is better if they go into permanent care

11. A patient has been prescribed 150 mg of phenytoin suspension. What volume should be administered. Please use the correct unit and write your answer as a whole number. (Phenytoin Suspension 250 mg/ 5 ML)

a. 3 mL

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13.What support does a nurse give to a patient who has become anxious while waiting for a lumbar puncture?

a. Ask the doctor to explain the procedure and prescribe medication for the anxiety
b. Explain and discuss the procedure with the patient ensuring that they fully understand to alleviate anxiety
c. Provide a leaflet for the patient to read and answer questions later to alleviate anxiety
d. Ask the patients relative to explain the procedure to the patient to alleviate anxiety

14. **Working across multiple teams can also be known as collaboration between……..**

a. Professionals
b. Agencies

c. Staff
d. Teams

15. An adult patients sister is a nurse. She asks another nurse for the patients test results, which have not yet been shared with the patient. What action taken?

a. Give her the results but ask her not to say how she got them
b. Tell her that the friendship is over if the results are passed on
c. Do not give her the results and explain about professional responsibilities
d. Give her the results because she is a friend

16. A young person with complex needs is being transferred to an adolescent unit which is a considerable distance from their family. The patients are unhappy with this proposed transfer. What is the nurses responsibility?

a. The family should be encouraged to respect the skills and expertise of the doctors who have planned the transfer to meet the needs of patient
b. The young person requires complex care which can only be provided in the distant specialist unit therefore the nurse needs to explain the transfer
c. The nurse should raise the concerns and issues on behalf of the family at the next team meeting
d. The nurse must report and document the concerns and preferences regarding the transfer in a timely manner and provide explanation

17...
18. ..
19. ..

20. When removing a closed system vacuum wound the nurse……

a. Says routine drain removal is a doctors role
b. Ask the tissue viability nurse to remove it
c. Remove the drain gradually by pulling on it
d. Releases the vacuum and gently remove it

21. A patient is on 4 hourly observations. A nurse notices that observations have not been done for 12 hours. What action does the nurse take?

a. Check the observations and report the issue to the ward manager
b. The observations were normal so no action is needed
c. Speak to the nurse who was on duty when the observations were missed and tell her not to do it again
d. Report the issue to the ward manager and complete an incident form

22. A patient who presents with a head injury and is on anticoagulation therapy has word imaging as a priority?

a. X ray
b. Ultrasound
c. CT scan
d. MRI

23. A person who has limited communication and his obese has indicated to a nurse that he would like support in losing weight. What does a nurse involve?

a. Dietician, occupational therapist, GP and social worker

b. Dietitian, physiotherapist, nurse and GP
c. Occupational therapist and psychiatrist
d. Social worker and physiotherapist

24. In a hospital dementia unit for patients with advanced disease, a nurse uses reiminiscence, de-escalation and distraction. These are all types of…….

a. Therapy classes
b. Therapeutic intervention
c. Therapy services
d. Therapeutic relationships

25. What medication can turn the stool black

a. Potassium
b. Frusemide
c. Iron
d. Paracetamol

26. What is the most common cause of pediatric cardiac arrest?

a. Anaphylaxis
b. Myocardial infarction
c. Electrolyte Imbalance
d. Hypoxia

27. When are women most vulnerable to domestic violence?

a. When they leave school
b. When they become pregnant
c. When they have suffered from physical ill health
d. When they are under 18

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29. Which of the following can prevent effective listening?

a. The patient speaking a different language
b. The experience of the professional
c. Having a difficult conversation
d. Noise level in the room

30. Where does a nurse administer medication via the buccal route?

a. Into the nasal passages
b. Between the cheek and the tongue
c. Absorbed through the skin via patch
d. Under the tongue

31. A nurse is doing an admission assessment on a patient and Is this struggling to understand the patients accent. How is the situation managed?

a. Document what is thought they are saying and hope this is correct information

b. Document everything word for word and do not ask anymore questions
c. Ask another staff member to admit the patient
d. Check understanding, use clarification and active listening techniques

32. How does a registered nurse delegate care of a patient to a health care assistant?

a. Delegate his difficult care tasks to the health care assistant and remain accountable for the patient
b. Delegate tasks and duties within the other person scope of competence, check that they fully understand instructions
c. Delegate care for physiologically stable patients to the health care assistant
d. Delegate accountability to the health care assistant

33. What position does a nurse adopt when interviewing a client who is in a wheelchair?

a. Standing in front of the client
b. Sitting in a chair 2 meters in front of the client
c. Sitting in a chair at a 45 degree angle to client
d. Sitting in a chair behind the client

34. How does a senior nurse manage a potential risk to patient safety when new nurse has made several errors when delivering patient care. choose the correct answer?

a. Check who is responsible for the nurses induction and discipline them for ineffective staff induction
b. Tell the nursing team to manage the issue themselves, they are all professionals and must learn to work as a team
c. Reprimand the nurse publicly for failing to deliver safe care, which is putting patients at risk
d. Talk to the nurse, express concerns, discuss their needs, offer additional support and supervision to develop their competence and confidence

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36. What is clinical supervision?

a. A formal process of professional support and learning which enables individual practitioners to develop knowledge, competence and assume responsibility for their own practice
b. An opportunity to moan about the job to someone who understands the pressure of work
c. An opportunity to discuss work issues that are of concern and issues around their own professional development
d. A break from the ward or community once a month discussing social activities, family and holidays with a supervisor

37. A relative offer confused patient in the care home has asked that bed rails be attached to a bed to prevent them getting out of bed, as they have these at home. What approach does a nurse take?

a. Inform the relative that they do not agree with bed rails use and decline the request
b. Accept the details from the relative and arrange for the rails to be fitted
c. Request risk assessment to be carried out by a competent person taking into account all factors
d. Remove the bed and provide a mattress on the floor

38. A nurse has been diagnosed with chicken pox and has been advised not to attend a planned study day. Why has this advice been given?

a. To prevent infection to other students
b. To prevent irritation of the spots
c. To prevent the condition worsening
d. To prevent cross infection of the public

39. A clients mother gives a nurse a birthday card which contains some money. What is the nurses response?

a. Put the money in the ward fund
b. Thank the mother
c. Return the money to the mother
d. Buy a book for personal use and show the mother

40.What actions does a community nurse take when they observe a student using a mobile phone to send a text message during an initial assessment in a patients home?

a. Say nothing to the student butter report their behavior to their personal academic tutor
b. Ask the student to put the phone away and refocus them on the patient assessment, discuss strategies for communicating effectively during a patient assessment
c. Ask the student to put the phone away and refocus them on the patient assessment
d. Wait until they leave the patients home and speak to the students about their behavior

41. A nurse needs to inform a patient of their blood test results but the patient is in the bathroom. what is their approach?

a. Ask the word clerk to pass on the results
b. Wait until there is an opportunity to speak privately to the patient
c. Leave the results by the patients bed for them
d. Call the results out through the bathroom door

42. A patient is given details on several diagnostic tests and treatments to consider. what is this called?

a. Informed care
b. Informed practice
c. Informed choice
d. informed consent

43. How does a nurse meet the spiritual needs of their patients?

a. Respond appropriately to the patient spiritual needs and refer to another source of support if required
b. Follow the families express wishes regarding spiritual care
c. Use their own spiritual beliefs to support and enhance the patients spiritual care

d. Overtly offers spiritual care to all patients, to ensure holistic nursing care is given and recovery is promoted

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46. What factor needs to be taken into account when assessing safe staffing levels

a. Age range
b. Gender balance
c. skill mix
d. Contracted hours

47. From the following when should feedback be offered to a newly qualified nurse?

a. Continually
b. After the end of the shift
c. Biannually
d. When they are on leave

48.A patient on a unit is upset that they cannot make a contribution in a word meeting due to their speech impediment. How does the nurse respond?

a. Include them in the meeting allowing time to speak
b. Include them in the meeting but ask them no to have any input
c. Include them in the meeting with writing pad and pen to use to make suggestions
d. Leave them out of the meeting but tell them afterwards what was said

49. A team leader implements a change in practice in an area of work. How do they demonstrate its effectiveness?

a. Once the change is embedded ask stop if they are happy with the change and if it has made a difference
b. Provide evidence of the improvement through regular audit and feedback to the team and wider organization
c. The evidence from the research demonstrates the need for a change in practice
d. Everyone knew that the change was necessary and that it needed to happen so no evaluation needs to be made

50

51. Showing understanding of what has been said by repeating key points back to the patient is called…..

a. Active listening
b. Active lifestyle
c. Active labor
d. Active learning

52.A person with mild learning disabilities has been prescribed an inhaler. How does a nurse teach them to use their inhaler effectively?

a. Let them try using it and see how they get on
b. Read the leaflet to them
c. Demonstrate how to use the inhaler to them
d. Send them to the nurse at the doctors surgery

53. A patient is becoming verbally aggressive towards their nurse.what action does the nurse take

a. Tell the patient to speak to the manager as nursing staff do not deal with conflict in their role
b. Address the person politely, maintain eye contact and paraphrase what has been said
c. Listen to what the patient has to say then walk away quickly without saying anything
d. Ask the patient to write everything in an email and send it to the complaints department

54. Where is gastro stormy feeding port inserted?

a. The throat
b. The bowel
c. The stomach
d. The bladder

55. Which of the following groups will be at higher risk of using intravenous drugs?

a. Those who have a poor diet
b. Those who have no fixed abode
c. Those who left school at 16
d. Those who are unemployed

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57. A nurse takes charge on a unit and the staffing for the shift is not at safe levels. What approach to escalation does the nurse take?

a. Swift escalation
b. Rapid escalation
c. Immediate escalation
d. Prompt escalation

58 Preoperative fasting of patients before a general anesthesia…..

a. Prevent nausea
b. Reduces the risk of reflux and inhalation of gastric contents

c. Reduces the risk of a patient vomiting
d. Prevents the patient gagging

59. When writing in a patients notes a nurse makes a mistake. What action is taken to correct the entry?

a. Cross out with a single line, date & the changes
b. Cross out in red pen and write another entry
c. Gross out with a single line. Rewrite the entry on a new page
d. Cross out the entry and ask her colleague to write it correctly

60. What approach does a nurse take when working with patients and carers from different cultures?

a. Ask the patient how they would like to be cared for and encourage them to express their personal cultural needs
b. It depends on each culture. some culture needs cannot be met
c. Treat everyone as you would like to be treated
d. Encourage the patient to adapt to the care environment and get to know how things are done

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62.A doctor asked the nurse to take a lactate on a deteriorating patient. How does the nurse get this measurement?

a. Via a venous blood gas
b. Via a full blood count
c. Via a urine sample
d. Via a urea and electrolytes blood test

63. A patient with a pyrexia complaining of malaise, can be offered what as a first line treatment?

a. Morphine
b. Paracetamol
c. A non steroidal anti inflammatory
d. Co-codomol

64. Which of the following is not a symptom of postpartum psychosis?

a. Loss of inhibitions
b. Depression
c. Physical discomfort
d. Hallucinations

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66 zz

67. Which of the following is practiced on an annual basis as part of mandatory training?

a. Clinical governance record training
b. Record keeping training
c. Intravenous Therapy training
d. Basic life support training

68. Which to measurements are required to calculate a persons body mass index?

a. Weight and waist measurement
b. Waist and chest measurement
c. Height and weight
d. Waist measurement and weight

69. What does a nurse do if a terminally Illinois patient is unsure about using a medical device to control their pain?

a. Ask the patient to read the information leaflet and ask if they have any questions
b. Reassure the patient and tell them that a pharmacist will be asked to visit them
c. Inform the patient it is part of their treatment plan
d. Explain the Medical device to the patient end check that they fully understand

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71. When can a nurse disclose information that could identify a patient without gaining the patients consent?

a. If a legal representative of the patient contacts the nurse requesting the device about their medical care
b. If they receive a call from someone who claims to be a relative who is worried and concerned about the care of their family member
c. If the police telephone to request general information about someone they believe to be in the nurses care
d. If other health care professionals and agencies are acting in the interest of patient safety and public protection

72. A doctor refers a patient for an operation. The family do not want the operation. What positive outcome does a nurse aim for?

a. Both the family and doctor agreed that the operation will go ahead
b. Neither the family or the doctor agrees that the operation can go ahead
c. The family do not agree for the operation to go ahead
d. The doctor says the operation goes ahead

73. Nursing staff need to be aware that patients with one or more long term conditions can develop anxiety obesity loneliness and.....

a. Sadness
b. Depression
c. Cheerfulness

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75. What does the nurse include in a discussion with the patient who has a BMI of 32 and has been given no advice about diet?

a. The benefits of a healthy diet avoiding reference to their BMI
b. Their BMI is acceptable and they should continue with a healthy diet
c. Their BMI is is acceptable and no dietary advice needs to be given
d. The benefits of a healthy diet with a sensitive reference to their BMI

76. The Francis report 2013, followed which public inquiry into failings of an NHS Trust?

a. The Winterbourne inquiry
b. Victoria climbe inquiry
c. Mid Staffordshire inquiry
d. Liverpool community care inquiry

77. A nurses changing addressing in someone's on home. What steps can be taken to aid a sterile field?

a. Request the patient clean the area, remove pets, close windows
b. Request the patient clean the area before the nurse arrives and remove their own dressings
c. Clean surfaces with alcohol based wipes, open the window decontaminate the patients hands
d. Remove pet, close windows, clean surfaces with alcohol based wipes

78. There have been some issues with the performance of one of the nurses in a team, including being late for work for the third time in a week. Which policy does the nurse in charge follow?

a. Sickness policy
b. Annual leave policy
c. Human resources policy
d. Performance management policy

79. What does a nurse need to consider when assessing pain?

a. The patient complaints of being on a noisy word and unable to sleep
b. The patient is on a low fat diet and complaining of indigestion
c. Where the pain is located and does it radiate
d. The patient has trouble breathing, appears cynosed and complaints about chest

80. What technique does a nurse use when obtaining a urine sample from a female patient to minimise contamination of the specimen?

a. Deep the urinalysis into the bed pan following recent urination
b. Clean around the urethral meatus prior to a sample collection and get a mid stream clean catch sample
c. Do not clean the urethral meatus as we want to analyze these bacteria as well
d. Clean around the urethral meatus prior to sample collection and collect the first portion of urine

81. A patient that does not speak any English is booked into a clinic. No one in the department speaks this language. What action does the nurse take?

a. Cancel the patients appointment and make it for another day
b. Continue with The patient and try to assume what they are saying
c. Arrange for the translator to attend and provide written materials in the patients language
d. There is no need to speak to the patient as this is not their first appointment in the clinic and they are familiar with the procedures

82. A nurse is making a change to the legal service in their practice and they are told to follow a PDS a cycle. What does this mean?

a. Plan, do ,study ,act
b. Plan ,delegate, study, assess
c. Plan, diversify, study, act
d. Plan, do, stop, assess

83. In the UK which of the following is a Class A controlled drug?

a. Midazolam
b. Morphine
c. Codeine
d. Diazepam

84. What nursing approach does a nurse take when working with people with a learning disability in planning of their personal needs?

a. Person centred care plan
b. caring intervention
c. Nursing care plan
d. Behavioral program

85. The line manager asks a registered nurse to administer an intramuscular injection to a patient on the unit. The registered nurse has not done this procedure for several years. How does the nurse respond?

a. Ask another nurse to do the procedure
b. Discuss with the manager and refuse at that time
c. Ask a student to support procedure
d. Give the intramuscular injection as requested

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87. Which of the following describes the symptoms of bipolar disorder?

a. Hallucinations and weight changes
b. Episodes of mania and depression
c. Fatigue and weight gain
d. Auditory and visual hallucination

88. How does a senior nurse ensure that staff are current In their professional knowledge in order to provide quality care?

a. Ensure annual appraisals are completed
b. Check the complaints log
c. Undertake a patient audit
d. Check the rota for study leave

89. Why is an understanding of genetics fundamental to adult nursing?

a. Genetics can identify life expectancy in all individuals
b. Genetics can support identification of breast cancer risk
c. Registered nurses are expected to deliver education and teaching to nursing students about genetics
d. Registered nurses are expected to perform risk assessment and analyse a persons genetic contribution to disease

90. When a parent is in a violent relationship why should childrens social workers be contacted

a. So they can assess the risk to the child and act accordingly
b. To remove the children and place them in care
c. So they can communicate the information to the GP and school nursery services
d. So they are able to keep a record of attendance/ visits to the hospital

91. How does a hospital nurse communicate effectively with a hospital patient who has a limited understanding of English?

a. Use the patients relatives to interpret as they will understand the needs of the patient and keep information confidential
b. Ask another patients visitor who speaks the same language, as long as confidentiality is maintained
c. Book a hospital interpreter, inform the patient about the role of the interpreter and maintain confidentiality and boundaries
d. Use a member of the hospital staff to act as an interpreter, including ancillary staff, if they maintain confidentiality

92. Health economics is best described as which of the following?

a. The individual cost of a persons care in the acute health system
b. The analysis of cost and need within the health service
c. A statement of how individual trusts should spend their money
d. How much individuals pay for their healthcare in the UK

93. Cheyne stoke breathing is an irregularly, regular breathing pattern seen in which condition?

a. Pneumonia

b. Diabetic keto acidosis
c. End of life
d. Panic attacks

94. By the end of the shift the nurse has not completed all their documentation ready to hand over to the next shift. What action does the nurse ?

a. Leave the documentation until the next time they are on ward, Asking their colleague to leave room for them to document
b. Ask a colleague on the same team to complete the documentation & their name
c. As nothing significant has happened, there is no need to complete the rest of the documentation now
d. Complete all documentation in a timely manner before leaving the ward

95. A patient is returning home from hospital. They will spend several weeks in a residential facility first to rehabilitate, followed by community support. In order to ensure a positive process what action does a nurse take?

a. Give discharge information to the care facility who will lisise with others
b. Copy all agencies into the discharge plan correspondence
c. Allow the patient to arrange any community services to allow them to be independent
d. Ask the patient to contact their General practitioner to follow up on services needed

96. A nurse in a hospital ward for patients with cerebral vascular accident is mobile ising a patient who does not weight bear. The team leader says it is kinder to lift the patient than make them wait for a host to be available. What action does the nurse take?

a. Say no and allow another team member to help lift the patient
b. Do what their team leaders suggests as they are senior
c. Do what they suggest because they are correct in their decision
d. Refused to assist until a hoist is available. Discuss with their manager afterwards.

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b. Cancer malnourishment
c. Cancer cachexia
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101. The drug hyoscine hydrobromide is used to aid which common end of life symptom?

a. Respiratory secretions
b. Hallucinations
c. Incontinence
d. Pain

102. A nurse hazard safeguarding concern and his unhappy with the response of the nurse in charge. What action do they take?

a. Discuss it with the local safeguarding lead doctor
b. Discuss it with another member of the multidisciplinary team
c. Discuss it with a friend
d. Stop investigating the concern further

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105. A nurse visits a client who has type 2 diabetes and observes that he is unable to cut his own nails. To whom does the nurse refer the client?

a. The diabetes nurse
b. The podiatrist
c. The General practitioner
d. The occupational therapist

106. What does the nurse use to dress a wound that is blistering, clean and has little exudate?

a. Non adherent dressing
b. Silver impregnated dressing
c. No dressing required
d. Hydrocolloids or foam dressing

107. The Care Act 2014 is the government legislation that deals with…..

a. Protecting and safeguarding children
b. Protecting and safeguarding adults
c. Protecting and safeguarding carers
d. Protecting and safeguarding children and adults

108. A cardiac patient feels faint,has a pulse of 150 and a respiratory rate of 40. What is the nurses action I?

a. Set the patient upright and encourage slow deep breathing
b. Ring the emergency alarm bell and stay with the patient, keep reassessing ABCDE
c. Provide oxygen and request an urgent electrocardiogram for the patient
d. Contact the emergency doctor via the system in the hospital

109. A nurse has a patient in isolation. Where are the clinical notes kept?

a. On the patients table
b. In a rack on the wall outside the room
c. At the nursing staff station
d. At the end of the patients bed

110. How is a nursing students progression documented?

a. In an assessment document debt an assessor will complete for placement
b. Completed by the university
c. By the clinical educators within a trust
d. Documented throughout the placement by the student

111. Discharge problems occur when patients are…..

a. Waiting for assessments
b. Waiting for investigations
c. Waiting for medications
d. Waiting for carers

112. In respect of RIDDOR legislation, what are the correct actions for a nurse to take when a colleague suffers an accident at work resulting in a fracture of the radius?

a. Record but do not report the accident
b. Record the accident in the staff message book
c. Record the accident to the doctor on site
d. Report the accident

113. Why does a nurse wear personal protective equipment when barrier nursing a patient?

a. To protect themselves and the patient from the transferring of infection
b. To prevent their hands from dryness and damage
c. To be able to save money as the PPEcan be reused
d. To save having to wash their uniform after the shift

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115. Correct hand washing when dealing with patients is a way to…..

a. Keep your hands soft
b. Avoid being told off by tha ward manager
c. Pass time
d. Prevent ill health

116. A nurse has asked to calculate the body mass index of a patient by the doctor for medication dosage purposes. The patient does not want their height measured. What action does the nurse take?

a. Inform the rest of the team that the patient is refusing care
b. Insist that the patient stand up and be measured
c. Inform the doctor that the patient declined and await further instruction
d. Give an approximate height of the patient as the doctor needs the information

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118. For revalidation a nurse is required to get five pieces of feedback. How can this feedback be gained?

a. Written or verbally only
b. Verbally, written through a survey or a report
c. Verbally From a patient that they have cared for
d. Verbally to maintain anonymity

119. Standard precautions for infection control include…..

a. Hand hygiene, the safe use and disposal of sharps, isolation procedures
b. Hand hygiene, the use of personal protective equipment and sterilised knives and forks
c. Hand hygiene, the use of personal protective equipment and safe use and disposal of sharps
d. The use of personal protective equipment, safe use and disposal of sharps, correct laundry procedures

120. A nurse who is working in outpatients observed that a lot of similar information is given to the patients verbally on a daily basis.? How can this be minimised?

a. Raise the findings at a team meeting
b. Encourage the nursing staff to make notes on their conversations for the patients to take home so patients remember the information
c. Develop a leaflet or handout which can be used to aid discussion and is something for patients to take home
d. Give the patients some paper so that they can make notes to help them remember the information

121. Which fluid should not be given subcutaneously?

a. Dextrose Saline
b. Normal saline and potassium
c. Normal saline
d. 5% dextrose

122. Which of the following parliamentary acts brought in the first legal duties regarding health inequalities?

a. The health and social Care Act 2012

b. Care Act 2014
c. Safeguarding Act 2006
d. The social value Act 2012

123. A person who is displaying signs of stress, anxiety and sleeplessness can be encouraged to seek help from where?

a. Emergency department
b. 111 service
c. A walk in centre
d. General practitioner

124. Where is chemotherapy and hormone medication disposed off?

a. Purple lidded sharp container or bags
b. Yellow sharps container or bags
c. Recycling waste
d. Black bag waste

125. A nurse has inserted a nasogastric tube. Which of the following can help to establish if it is in the correct place?

a. Send for a CT scan to establish position
b. If patient shows no sign of respiratory distress it can be assumed it is in the stomach
c. Take a sample from the stomach contents by aspirating and test the pH
d. Injected nml of saline and monitor for respiratory distress

126. A patient has been prescribed 0.3 liter of 5% glucose solution. What is the volume in Ml?

a. 300 mL

127. A patient has been prescribed 200 mg of phenytoin. How many tablets should be administered?

(Phenytoin 100 mg tablets)

b. Two tablets

128. A patient has been prescribed 1 litre of 0.9% sodium chloride. What is the volume in mL?

c. 1000 mL

129- 142 numericals

143. When communicating with patients, what are non verbal cues?

a) Body language, voice tone, distance
b) Tone of voice, eye contact, touch
c) Tone of voice, distance, eye contact
d) Body language, eye contact, distance

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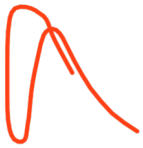
c. Tone of voice, distance, eye contact
d. Body language, eye contact, distance

145. What ascential actions does a nurse take to reduce the risk of infection when caring for a patient with urinary catheter?

a. Use soap and water to wash the catheter side
b. Sterilise the area daily
c. Educate the patient and family on catheter care
d. Keep the area dry



146. A patient is bed bound and asked to see the world information booklet. It is on a table they cannot reach. How does a nurse respond?

a. Tell the patient the booklet is boring
b. Ask the patient why they need to see the booklet
c. Move the table to the bed
d. Ask the patient to wait as they are busy

147. Minute in nurses supporting a woman with a 6 month old baby. They notice that the baby does not respond to their name. what may this indicate?

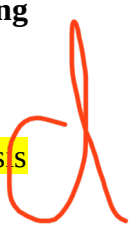
a. The baby is distracted
b. The baby may have a hearing loss
c. The baby has a lack of attachment
d. The baby needs feeding

148. Transformation leadership style focuses on team building, motivation and…..

a. Collaboration
b. Collusion
c. Opposition
d. Resistance

149. What does a nurse observe when assessing the respiration of a patient with breathing difficulties?

a. Presence of symmetrical movement of both sides of chest and equal breath sounds
b. Ease of breathing, rate, pattern and evidence of cyanosis
c. Ability to speak in full sentences, ease of breathing, rate, pattern, evidence of cyanosis
d. Rate, pattern and evidence of cyanosis



150. A nurse is supervising nursing student who is administering medication to a patient in the stoke unit. The student does not check the wristband of the patient before giving them their medication. How does the nurse respond?

a. Tell them to stop what they are doing and report them to the manager
b. Say nothing as they will eventually learn the correct procedure
c. Take over the administration of the medication and tell them later why they were at fault
d. Ask them to stop, quietly explain what they missed and allow them to continue under supervision

151. Why is an intravenous route used for the administration of medications?

a. The intravenous route provides an immediate therapeutic effect and gives better control of the rate of administration, as a more precise dose can be calculated.
b. The intravenous rude reduces the risk of infection because the drugs are made in a sterile environment and are kept in aseptic conditions

c. It is cost effective for patients, because there is less waste as they may forgot to take oral medications
d. It is a useful route for patients who refuse to take tablets, because they do not wish to comply with treatment

152. Senior nurse manage a potential risk to patient safety when staffing levels are compromised?

a. Monitor how well the staff cope with the workload by visiting the ward
b. Explain to the staff on shift that they must continue to work regardless
c. Active without delay if they believe that there is a risk to patient safety or public protection
d. Arrange Forrest sandwiches to be delivered for staff to eat during the shift

153. What is the course of action for the nurse if there is a spillage of hazardous substances?

a. Use bath towels to absorb the spillage and dispose of these accordingly
b. Contact the cleaning supervisor for a device and to send someone to help
c. Refer to the guidance on the control of substances hazardous to health regulations (COSHH)
d. Cover the spillage with the sheets and keep the area clear of people

154. What is the purpose of augmentative alternative communication?

a. To teach numeracy skills
b. To encourage activities of daily living
c. To support literacy skills
d. To provide the best opportunities for developing language and communication

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156. The best way to prevent aspiration in a patient who is receiving enteral feeding is to

a. Instruct the patient to lie on their left Side
b. Raise the patients head to a 45 degree angle during feeding
c. Lay the patient flat(supine)
d. Instructed the patient to lie on their right side

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159. What is the most common sexually transmitted infection in the UK?

a. Syphilis
b. Gonorrhea
c. Chlamydia
d. HIV

160. Chronic obstructive pulmonary disease may be caused by which lifestyle factor?

a. Recreational drug use
b. Poor diet
c. Smoking
d. A lack of physical activity

161. How does a nurse contribute to quality improvement strategies?

a. By participating in audit and feedback exercises
b. By giving staff extra breaks on shift
c. By encouraging relatives to interact with staff
d. By ensuring the working environment is clean at all times

162. what action does a nurse incharge take if a new health care assistant is not performing hand hygine using the approved 7 step method before delivering direct care to patients?

a. Report the observed incident to the ward manager and insist that arrangements are made to train all the health care assistants
b. Stop them from carrying out direct care to the patients. Teach them the approved method and reasssse their competence
c. Allow them to continue with delivering care, and reprimand hem for unsafe practice later in private
d. Report the matter to the ward manager upon completion of their shift

163. Why does a nurse wear PPE when barrier nursing a patient?

a. To prevent their hands from dryness and damage
b. To prevent themselves and the patient from the transferring of infection
c. To be able to save money, as the PPE can be reused
d. To save having to wash their uniform after the shift

164. What is a role of a clinical audit nurse?

a. to collect data for revalidation records
b. to collect data for financial records
c. Collect data on clinical care
d. To collect data for training

165. What does a nurse say when a nursing colleague shows their reflective journal and ask for advice on keeping one?

a. They need to keep a journal which includes details about fellow staff
b. They do not need to do this as it is not a good learning tool
c. They need to keep a journal which includes details about patients they have cared for
d. They do not need to keep a journal which reflects and evaluates their own practice

166. A patient has a learning disability affecting language. How does a nurse provide information to them?

a. Tell the patient verbally and hope they understand
b. Tell the patients family who will pass it on
c. Leave a copy of the ward communication picture cards next to the patients bed
d. Use the ward communication picture cards with the patient to provide information

167. Which approach does a nurse take when working with patients and carers from different cultures?

a. It depends on each culture- Some cultural needs cannot be met
b. Encourage the patient to adapt to the care environment and get to know how things are done
c. Ask the patient how they would like to be cared for and encourage them to express their personal cultural needs
d. Treat everyone as you would like to be treated

168. The nurse is providing body care with the previously unused product. What is the correct action?

a. Refer to another practitioner for the best interest of the patient until they have developed their own skills and knowledge
b. Contact their manager at the end of their shift and seek their advice about wound care
c. Leave the original dressing on and leave the dressing to someone else on the next shift
d. Try their best to care for wounds using the available products

169. What course of action does a nurse it take when a patient has been harmed?

a. Document the event formally and escalate appropriately
b. Try to establish you who was at fault
c. Isolate the patient to prevent further harm
d. Inform the other patients of the incident

170. What is the main aim of partnership collaboration?

a. Positive patient episode
b. Positive staff experience
c. Positive patient experience
d. Positive patient event

171.What does standard precautions mean when caring for patients?

a. High level precautions which include all disposable bedding and utensils for all health care staff
b. Basic infection prevention and control measures which includes hand hygiene and safe disposal of all waste by all staff at all times
c. Taking precautions when handling blood and high risk body fluids for relevant medical personnel
d. Selective precautions which involves safe disposal of clinical waste for all persons involved in the care process

172. What is the sign of new dehydration in a healthy adult?

a. Warm extremities, moist skin
b. High blood pressure
c. Increased heart rate, dry mouth and skin, dizziness, low blood pressure

d. Decreased heart rate

173. Nurses working with a patient who has experienced a stroke and is reluctant to join in an exercise group due to their limited mobility. How does the nurse respond?

a. Encourage them to sit and watch the group and decide if they want to join in next time
b. Introduce them to others in the group
c. Agree no to involve them as it is their choice
d. Agreed that it will probably be too much for them and do not ask again

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175. Which equipment is used for a patient who requires two liter of oxygen?

a. Humidified oxygen
b. Nasal cannula
c. Continuous positive airway pressure
d. Reservoir mask

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177. A patient has a patient controlled analgesia morphine pump, a nurse notices that they have become drowsy and their respirations are 7. What actions do they take?

a. Check the pump, perform A to E assessment
b. Stop the pump, given naloxone and paracetamol
c. Keep the pump going, administer naloxone, refer to the pain team
d. Stop the pump, start A-E assessment, prepare or give Naloxone

178. Discharge planning commences at……

a. First contact
b. Third contact
c. Second contact
d. 4th contact

179. According to the nursing and midwifery council NMC, A comprehensive nursing assessment should include which factors?

a. Biological, psychological, and social factors
b. Anatomical, physiological, medical, pharmaceutical, genetics and economic factors
c. Cultural, economic, anthropological, medical, pathological and physical factors
d. Physical, social, cultural, psychological, spiritual, genetic and environmental factors

180.A client has experienced a tonic clonic seizure. They are now breathing normally and have normal circulation but they have not yet regained consciousness. What nursing action will maintain their safety?

a. Try to wake the client
b. Give the client a drink of water
c. Make a note of the duration of the seizure
d. Place the client in the recovery position

181. When a patient is on the oral contraceptive pill, what physical risk factor does a nurse need to make them aware of?

a. Weight gain
b. Deep vein thrombosis
c. Increased bleeding
d. Acne

182.Why does a nurse encourage family members to talk to the unconscious patient as part of their care?

a. Verbal communication can help patients and give the family something to do when they visit
b. It reassures the family members that the patient is going to get better
c. The patient is actively involved in the care process when someone talks to them
d. Evidence suggests that talking to the patient could potentially help them recover from a coma

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184. An elderly gentleman attends the accident and emergency department with a swollen airway and has a history of allergies. What is the correct term for the patients condition?

a. Anaphylaxis
b. Anastomosis
c. Analgesic
d. Anesthetic

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186.Patients with congestive cardiac failure and non infective productive cough will have what colors sputum?

a. White

b. Red
c. Green
d. Brown

187. What legislation sets out the clients rights and nurses responsibilities when making informed choices about medications?

a. Health and Safety at Work act 1974
b. The disability Discrimination Act 1995
c. The Mental Capacity Act 2005
d. The Equality Act 2010

188. How long is the undergraduate pre registration BSc nursing program for those on a standard entry pathway?

a. 3 years
b. 2 years
c. 5 years
d. 4 years

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190. From the following when should feedback be offered to a newly qualified nurse?

a. After the end of the shift
b. Biannually
c. When they are on leave
d. Continually

191. A nurse has made an error documenting a patients notes. What action does she take?

a. Leave the original entry but in brackets underneath explain that there is an error
b. Immediately destroy the documents to avoid confusion and further errors
c. Put a line through all of the incorrect entry, record that the entry was incorrect & their name, job title and date
d. Inform the clinician in charge of the patients care and ask them to cross out the entry & sign underneath

192. What can add quality care for patients with a dementia in an acute setting?

a. A patient wearing a specific band to indicate cognitive impairment
b. All patients having a this is me document
c. A sign above the bed indicating dementia diagnosis
d. Receiving here in a side room

193. What is the response of parents dad confirms a health education message regarding dehydration has been effective?

a. The parent restrict fluid intake when the child has diarrhea
b. The parents state they will observe the child for darkening urine and an increase in respiration rate
c. Dehydration will not be an issue if the child is taking sips of water

d. The parents stated they would consider restlessness as an early sign of dehydration

194. The importance of correct staffing was reinforced by which report?

a. The Baker report
b. The Conan report
c. The Drake report
d. The Francis report

195. A team leader implements a change in practice in an area of work. How do they demonstrate its effectiveness?

a. Provide evidence of the improvement through regular audit and feedback to the team and wider organization
b. Everyone knew that the change was necessary and that it needed to happen so no evaluation needs to be made
c. Once the changes embedded ask staff if they are happy with the change and if it has made a difference
d. The evidence from the research demonstrates the need for a change in practice

196. A patient with learning disability trips over and needs to go to an accident and emergency department for an examination, they become distressed by the noisy waiting room. In accordance with the Equality Act 2010 what do the staff offer the patient?

a. Start call out a GP for a home visit to prevent a hospital trip
b. Staff provide the person with a learning disability a quiet place to wait
c. Staff let him jump the queue and see him when he arrives
d. Staff offer medication to calm the patient when he arrives

197. Normal core temperature is regarded as how many degrees Celsius?

a. 32 to 34
b. 36 to 38
c. 34 to 36
d. 30 to 32

198. What management can help increase secretions in the airway at the end of life?

a. Giving diuretics and repositioning
b. Increasing the energy and sedation
c. Giving hyoscine butyl bromide and positioning
d. Inserting an airway adjunct and suctioning

199. Which approach does a nurse take when dealing with issues of sexuality which conflict with their own religious or cultural beliefs?

a. Approach the situation by carefully outlining and exploring their own beliefs
b. Approach the situation by displaying active sympathy
c. Approach the situation with a health promotion agenda to influence the person
d. Approach the situation with acceptance of diversity and difference

200. Human factors can affect patient care. Which statement describes what human factors are?

a. Human factors are the way that staff get on with each other
b. Human factors are those things that affect an individuals performance
c. Human factors means only caring for patients that you like

d. Human factors is another name for safer staffing

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203. After commencing a blood transfusion, at what point does a nurse first check the patients observations?

a. 30 minutes
b. 15 minutes
c. 60 minutes
d. 90 minutes

204. How does a nurse measure that the policy requiring every patient admitted to a ward has a urine sample test within 2 hours is met?

a. Ask all staff to verbally confirm they achieve this
b. Undertake a clinical audit of patient notes
c. Put a notice up on the staff information board
d. Check at the start of each shift that evidence exists that the target is being met

205. When completing a handwritten nursing notes, which of the following represents best practice in documentation?

a. Writing a name, designation, date and time of entry
b. Writing a name, nursing rank and date
c. Providing a signature, printing a name, designation, date and time of entry
d. Providing a signature, designation and date of birth

206. What term describes the nurses required knowledge to ensure an understanding of the need for financial planning in adult health and social care service delivery? choose the correct answer

a. A knowledge of childhood disease
b. A knowledge of health economics
c. A knowledge of gemonmics
d. A knowledge of anatomy

207. A patient is returning home from hospital. they will spend several weeks in the residential facility first to rehabilitate, Followed by community support. In order to ensure a positive process what action does the nurse take? choose the correct answer

a. Give discharge information to the care facility thank you who will liaise with others
b. Allow the patient to arrange any community service to allow them to be independent

c. Copy all agencies into the discharge plan correspondence
d. Ask the patient to contact their general practitioner to follow up on service needed

208. Which policy does a community nursing team follow when visiting patients homes to maintain personal safety?

a. Lone working policy
b. Use of common law policy
c. Mobile phone use policy
d. Working time directive policy

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b. A knowledge of health economics
c. A knowledge of genomics
d. A knowledge of anatomy

210. What are the nursing priorities when helping in an emergency in the practice setting?

a. Instruct all colleagues to help with the emergency
b. Ensure that all patients are informed of what is happening
c. Only act in an emergency within the limits of knowledge and competence
d. Respond to all instructions from the crisis lead

211. Which one of the following statements is an example of an open question?

a. How may I help you?
b. May I help you?
c. Is that what you are looking for?
d. Are you looking for the nurse?

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213. When does the process of discharge planning start?

a. When the doctor states that the patient can go home
b. When the relative says they can take the patient home
c. When the patient says they want to go home
d. Within 24 hours of admission

214. Within the context of leadership and support what does PDR stands for?

a. Personal development review
b. Performance and development review
c. Professional and departmental review
d. Professional development review

215. When assessing an unresponsive patient what is an appropriate way to get a pain response?

a. A sternal rub

b. Nail bed pressure
c. Pinching the ear
d. A trapezium squeeze

216. A nurse weighs a new patient as part of their admission process. The patient says that they would like to lose weight. How does the nurse respond?

a. Stop the assessment and talk about diet instead
b. Talk to the patient about it briefly and say the conversation can be continued after the assessment is complete
c. Ask the patient to talk to another nurse about it as they are too busy
d. Tell the patient that it cannot be discussed as it is not the right time

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d. Tell the patient that it cannot be discussed as it is not the right time

218. When assessing a patients respiratory function, a nurse notes that they have a barrel chest. Which respiratory disease may this indicate?

a. Pneumonia
b. Lung cancer
c. Aathma
d. Emphysema

219. How does a nurse minimised a 16 year old patients anxiety while the doctor carries out a physical examination?

a. Stay with the doctor and patient, do not directly intervene but be supportive, using non verbal communication skills
b. Ensure the patients privacy and dignity have been maintained but do nothing unless the doctor directly ask them to intervene
c. Advocate for the patient, explain the reasons for the procedure and ensure consent has been obtained
d. Tell the patient at the examination must be performed as part of their care

220. A patient has rheumatoid arthritis. They ask a nurse to explain the course to them. What information does the nurse provide?

a. Autoimmune response to a trigger
b. Medications
c. Bacterial infections
d. exercise and diet

221. How is patient safety insured when delegating nursing responsibilities to other health care workers?

a. The worker is a registered health professional
b. The worker is competent to perform the task
c. The worker is known to the registered nurse
d. The worker is a member of the clinical team

222. What action does a nurse take to reduce the spread of Clostridium difficile infection?

a. Follow local guidelines, no specific measures required
b. Follow universal precautions including hand hygiene, use of gloves and aprons at all times
c. Follow universal precautions only during toileting
d. Follow local trust policy including the use of hand gel, eye protection only

223. A 73 year old lady patient with dementia has been admitted to hospital after two known injury falls. She and her husband want her to return home to the bungalow they share. What does a nurse recommend for discharge?

a. The patient should be cared for in bed only on return to her home
b. The patient should have a social worker
c. A friend should be approached to assist in their home
d. A patient should be sent home with her husband to care for her

224. What can be offered to support nutrition on a long term basis for a patient with the chronic condition that affects swallowing?

a. Nasogastric feeding
b. PEG or gastrotomy feeding
c. IV fluids
d. Parenteral feeding

225. When a safeguarding incident is being disclosed, what action does a nurse take?

a. Ensure you tape the conversation on a mobile device
b. Ensure them that you will not tell anyone else
c. Pause the person until you can have another person present
d. Explain what you will do next, with the information they disclose.

226. And nurses working with the patient who says they are drinking excessive amounts of alcohol. How does the nurse respond to prevent ill health in this patient?

a. Offer education on the effect of alcohol on the body
b. Offer education on the risk of having an accident after drinking alcohol
c. Offer advice on saving money by cutting down on alcohol
d. Offer information about the alcohol rehabilitation unit

227. In an emergency a nurse needs to check the hemodynamic stability and perfusion of a patient. What is the easiest method to use?

a. Skin turgor
b. Capillary refill time
c. A Glasgow coma scale
d. Auscultation

228. A nurse has an obligation to promote the rights of people with a learning disability under the Human Rights Act 2000. According to this act, people are treated with…..

a. Fairness, equality, dignity and respect
b. Kindness and care
c. Nursing care plans
d. Empathy and sympathy

229. How does the nurse respond to a patient using challenging behavior?

a. Use a therapeutic approach
b. Ignore the challenging behavior
c. Place the patient in another room
d. Ask the patient to stop the behavior

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231.Which mental health condition are mood stabilizers such as lithium used to treat?

a. Bipolar disorder
b. Obsessive compulsive disorder
c. Anxiety
d. Schizophrenia

232. Which one of the following is the advantage multi agency working offers when protecting those at risk from abuse?

a. Practitioner professional development
b. Improved community protection
c. Shared communication
d. More professional support

233.A nurse is in the process of inserting a nasogastric tube. During the procedure the patient starts coughing a lot. What immediate action does the nurse take?

a. Continue with the procedure as the patient has a history of coughing
b. Continue with the procedure and inform the doctor
c. Remove the tube immediately as it could be inserted into the patients airway
d. Continue with the procedure as the pH test will confirm correct placement

234. How does a nurse accurately calculate a respiratory rate?

a. Count the number of respiratory cycles in two minutes and divide by 2
b. Count the number of respiratory cycles in 15 seconds and multiply by 4
c. Count the number of respiratory cycles in 30 seconds and multiply by 2
d. Count the number of respiratory cycles in 60 seconds

235. What is the name of the piece of equipment that is used to take a manual blood pressure?

a. Saturation probe
b. Sphygmomanometer
c. Otoscope
d. Thermometer

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237. What does a nurse need to consider when assessing pain?

a. The patient complaints of being on a noisy ward and unable to sleep
b. The patient has trouble breathing, appears cyanosed and complaints about Chest pain
c. The patient is on a low fat diet and complaining of indigestion
d. Where the pain is located and does it radiate

238. What is the leading cause of gingival bleeding?

a. Poor use of disclosing tablets
b. Poor removal of Plaque
c. False teeth
d. A poor diet

239. Post operative fasting of patients before a general anesthesia…..

a. Reduce the risk of reflux and inhalation of gastric contents
b. Prevents the patient gagging
c. Reduces the risk of a patient vomiting
d. Prevents nausea

240. Which of these is not a principle of effective leadership?

a. Creating and developing leaders
b. Measuring impact
c. Building individual accountability
d. Monitoring sickness

241. When a nurse hands over at the end of a shift to a colleague, what must be provided?

a. Verbal, digital or written information
b. Clear verbal information and instructions
c. Clear verbal, digital or written information and instructions
d. Clear digital or written information and instructions

242. What does CBT stand for?

a. Change behavior therapy
b. Cognitive behavioral therapy
c. Change briefing therapy
d. Cognitive behavioral tasks

243. What piece of equipment is needed for a person to visualise the vocal cords during intubation?

a. Mcgill's forceps
b. Laryngoscope
c. Bougie
d. Endotracheal tube

244. A nurse is on a night shift and observes data persons oxygen saturation levels are dropping, the doctor says that the patient needs urgent nasopharyngeal suctioning. The hospital policy does not allow nursing staff to do nasopharyngeal suctioning. What action does the nurse take?

a. Suction the patient themselves as it will take too long to get someone competent to do it

b. Monitor the patient and leave it until the morning when the ward physiotherapist will be on duty
c. Wait for the doctor to have free time to complete the suctioning
d. Telephone the own call physiotherapist to come and complete the nasopharyngeal suctioning as they are trained for this task

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246.What actions does a nurse take if they are unable to give a prescribed drug as it is not available in the ward stock

a. Record the reason for the omission on the prescription, inform the prescriber and the senior nurse
b. Ring the doctor and inform them that the medication has not been given as they prescribed the drug
c. Inform the pharmacies to get the medication has not been given as they prescribed the drug
d. Refer the issue to the senior nurse in charge as they are responsible for management of the acute unit

247.A community nurse is visiting a patient at home to give them information on their diabetes. English is not their first language. What action does the nurse take?

a. Cancel the visit as it is pointless if the patient does not understand
b. Leave the information leaflet and hope they understand it
c. use sign language to give the information
d. book an interpreter to accompany them

248.which statement describes the purpose of advocacy in nursing?

a. To inform, support and mediate on the behalf of patients
b. To liaise between the patient and the healthcare team
c. To help the patient and the patients family plan appropriate care
d. To communicate with patients and help them make decisions.